UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request:	2 Seri	al/Patent	10/51	9152
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing		1	12/27/04	\$ 180
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition				\$
Issue				\$
Cert of Correction/Terminal Disc.				\$
Maintenance				\$
Assignment				\$
Other				\$
		7 TOTAL AMOUNT S 100		
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
Overpayment		Credit Deposit A/C #:		
Duplicate Payment		, 500481		
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: A JOMSON TITLE: - PAULIGAL CLENATURE: 308-9140				aralegal
TYPED/PRINTED NAME: A JOMSON TITLE: Paulegal SIGNATURE: A JOMSON PHONE: 308-9140				
OFFICE:				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: DATE:				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B